

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Ramone Griffin</b>		COURT CASE NUMBER <b>07C7069</b>
DEFENDANT <b>Tom Dart, et al.</b>		TYPE OF PROCESS <b>S/C</b>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Medical Director Ting, Cook County Jail Medical Director</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>CCJ, C/O Legal Dept. 2700 S. California Ave., 2nd. Flr., Div.5, Chicago, IL 60608</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Ramone Griffin, K-68821**  
**Vienna-VNA**  
**6695 State Route 146 East**  
**Vienna, IL 62995**

Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

3

Check for service  
on U.S.A.

0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):  
Fold**FILED**

**MAR 3 2008 PH**  
**MAR 3, 2008**  
**MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT.**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

02-04-08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>2 of 3</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk	TD	Date <b>02-04-08</b>
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I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Jean Kiriakos Director CQI/RM**

Address (complete only if different than shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

Time

**2-22-08****10:00**

am

pm

Signature of U.S. Marshal or Deputy

Service Fee <b>48.00</b>	Total Mileage Charges (including endeavors) <b>5.82</b>	Forwarding Fee <b>0</b>	Total Charges <b>53.82</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>53.82</b>	Amount of Refund <b>0</b>
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REMARKS:

**1-DUSM**  
**1-Hour**  
**12-Miles**